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**TRANSMITTAL
FORM***(To be used for all correspondence
after initial filing)*

Application Number	09/986,130
Filing Date	November 7, 2001
First Named Inventor	Wolfram Fleck
Art Unit	1745
Examiner Name	Thomas H. Parsons
Attorney Docket No.	130309.459

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input checked="" type="checkbox"/> Drawing (1 Replacement Sheet) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (<i>please identify below</i>): _____ _____ _____
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Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual Name	Karl R. Hermanns	Customer Number 00500
Signature		
Date	May 11, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

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